

LOCATOR CARD

(Please Print)

Student ID Last four digits of S.S.# Date

Last First Middle Initial

Local Street Address City State Zip

→ Is the above local address also your mailing address? Yes No

Cell Phone Home Phone Business Phone

Permanent Address City State Zip

In case of emergency, please notify:

Name _____ Home Phone _____ Business Phone _____

Any Known Medical Conditions _____